

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

|                                       |                                   |  |               |
|---------------------------------------|-----------------------------------|--|---------------|
| 1 Date of Request: <u>7-8-05</u>      |                                   | 2 Serial/Patent # <u>10/519648</u>                   |               |
| 3 Please refund the following fee(s): |                                   | 4 PAPER NUMBER                                       | 5 DATE FILED  |
| <input checked="" type="checkbox"/>   | Filing                            |  | \$ <u>100</u> |
| <input type="checkbox"/>              | Amendment                         |  | \$            |
| <input type="checkbox"/>              | Extension of Time                 |  | \$            |
| <input type="checkbox"/>              | Notice of Appeal/Appeal           |  | \$            |
| <input type="checkbox"/>              | Petition                          |  | \$            |
| <input type="checkbox"/>              | Issue                             |  | \$            |
| <input type="checkbox"/>              | Cert of Correction/Terminal Disc. |  | \$            |
| <input type="checkbox"/>              | Maintenance                       |  | \$            |
| <input type="checkbox"/>              | Assignment                        |  | \$            |
| <input type="checkbox"/>              | Other                             |  | \$            |
|                                       |                                   | 7 TOTAL AMOUNT OF REFUND                             | \$ <u>100</u> |
| 8 TO BE REFUNDED BY:                  |                                   |  |               |
| <input type="checkbox"/>              | Treasury Check                    |  |               |
| <input checked="" type="checkbox"/>   | Credit Deposit A/C #:             |  |               |
|                                       | 9 <u>16 -- 1350</u>               |  |               |
| 10 REASON:                            |                                   |  |               |
| <input checked="" type="checkbox"/>   | Overpayment                       |  |               |
| <input type="checkbox"/>              | Duplicate Payment                 |  |               |
| 11 REFUND REQUESTED BY:               |                                   |  |               |
| TYPED/PRINTED NAME: <u>John Andre</u> |                                   | TITLE: <u>Paralegal Specialist</u>                   |               |
| SIGNATURE: <u>John Andre</u>          |                                   | PHONE: <u>308-9140 ext 211</u>                       |               |
| OFFICE: <u>PCT - DO/EO</u>            |                                   | ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** |               |
| APPROVED: _____                       |                                   | DATE: _____  |               |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective December 8, 2004

Application or Docket Number

**10/519648**

**CLAIMS AS FILED - PART I**

|  |   | (Column 1)                             | (Column 2)               | SMALL ENTITY<br>TYPE | OTHER THAN<br>SMALL ENTITY |
|--|---|--|--------------------------|----------------------|----------------------------|
| U.S. NATIONAL STAGE FEES   |   |  |                          |                      |                            |
| BASIC FEE  | SMALL ENT. = \$ 150   | LARGE ENT. = \$ 300                    |                          |                      |                            |
| EXAMINATION FEE  | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100                      | All other situations = \$ 100 / \$ 200 |                          |                      |                            |
| SEARCH FEE   | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |                          |                      |                            |
| FEE FOR EXTRA SPEC. PGS.   | minus 100 =   | / 50 =                                 |                          |                      |                            |
| TOTAL CHARGEABLE CLAIMS  | 17 minus 20 =   | * —                                    |                          |                      |                            |
| INDEPENDENT CLAIMS   | 1 minus 3 =   | * —                                    |                          |                      |                            |
| MULTIPLE DEPENDENT CLAIM PRESENT   | —   | <input type="checkbox"/>               |                          |                      |                            |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   | TOTAL                                  | <input type="checkbox"/> | TOTAL                | 900                        |

**CLAIMS AS AMENDED - PART II**

|             |  | (Column 1)                                | (Column 2)             | (Column 3)                                  | SMALL ENTITY             | OTHER THAN<br>SMALL ENTITY |
|-------------|--|---|------------------------|---|--------------------------|----------------------------|
| AMENDMENT A |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                        | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |                            |
|             | Total  | *   | Minus                  | **  | =                        |                            |
| Independent |  | *   | Minus                  | ***   | =                        |                            |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                        |   | <input type="checkbox"/> |                            |
| AMENDMENT B |  | RATE                                      | ADDI-<br>TIONAL<br>FEE |   | RATE                     | ADDI-<br>TIONAL<br>FEE     |
|             | Total  | X \$ 25 =                                 |                        |   | X \$ 50 =                |                            |
| Independent |  | X \$ 100 =                                |                        |   | X \$ 200 =               |                            |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                        |   | <input type="checkbox"/> |                            |
| AMENDMENT B |  | RATE                                      | ADDI-<br>TIONAL<br>FEE |   | RATE                     | ADDI-<br>TIONAL<br>FEE     |
|             | Total  | X \$ 25 =                                 |                        |   | X \$ 50 =                |                            |
| Independent |  | X \$ 100 =                                |                        |   | X \$ 200 =               |                            |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                        |   | <input type="checkbox"/> |                            |
| AMENDMENT B |  | RATE                                      | ADDI-<br>TIONAL<br>FEE |   | RATE                     | ADDI-<br>TIONAL<br>FEE     |
|             | Total  | X \$ 25 =                                 |                        |   | X \$ 50 =                |                            |
| Independent |  | X \$ 100 =                                |                        |   | X \$ 200 =               |                            |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                        |   | <input type="checkbox"/> |                            |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.